

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens Committee for Persons with D.D.					
Full Name of Contributor Deborah Rinto				Registration Number, if PAC	
Street Address 920 Kenmure Ct		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 4 1 0	Amount 40.00
City Columbus		State O H	Zip Code 43220	Form (Cash, Check, etc) check	
Full Name of Contributor Jed W. Morison					
Street Address 2572 Brentwood Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 3 0 1 0	Amount 80.00
City Columbus		State O H	Zip Code 43209	Form (Cash, Check, etc) check	
Full Name of Contributor Patricia E. McCune					
Street Address 6085 Sowerby Ln.		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 6 1 0	Amount 40.00
City Westerville		State O H	Zip Code 43081	Form (Cash, Check, etc) check	
Full Name of Contributor Norma Jean Williams					
Street Address 174 Overbrook Dr.		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 3 1 0	Amount 100.00
City Columbus		State O H	Zip Code 43209	Form (Cash, Check, etc) check	
Full Name of Contributor James E Pepper					
Street Address 1364 Castleton Rd. N.		Employer/Occupation/Labor Organization* N/A		M D Y 1 0 0 5 1 0	Amount 40.00
City Columbus		State O H	Zip Code 43220	Form (Cash, Check, etc) check	
Full Name of Contributor Keith J. Irish					
Street Address 244 W. Kenworth Rd		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 2 1 0	Amount 40.00
City Columbus		State O H	Zip Code 43214	Form (Cash, Check, etc) check	
Full Name of Contributor Dorothy I Renner					
Street Address 5558 Roche Drive		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 2 0 1 0	Amount 80.00
City Columbus		State O H	Zip Code 43229	Form (Cash, Check, etc) check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of this event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 420.00